

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90045 029 ***150.00

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1. Entity Name

GROUNDBREAKING ENTERTAINMENT, INC.



Principal Place of Business

**16812 SW 107 PL
MIAMI FL 33157**

Mailing Address

**16812 SW 107 PLACE
MIAMI FL 33157**

2. Principal Place of Business

16812 SW 107 PL
Suite, Apt. #, etc.

3. Mailing Address

16812 SW 107 PL
Suite, Apt. #, etc.

City & State
Miami, FL

City & State
Miami, FL

Zip
33157

Country
U.S.

Zip
33157

Country
U.S.

4. FEI Number **65-1144222**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MCCORVEY, STOKES T
16812 SW 107 PLACE
MIAMI FL 33157**

7. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City _____ **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE _____
NAME **PO MCCORVEY, STOKES** ☐ Delete
STREET ADDRESS **10812 SW 107 PLACE**
CITY-ST-ZIP **MIAMI FL 33157**

TITLE _____
NAME _____ ☐ Delete
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____
NAME _____ ☐ Delete
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____
NAME _____ ☐ Delete
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____
NAME _____ ☐ Delete
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____
NAME _____ ☐ Delete
STREET ADDRESS _____
CITY-ST-ZIP _____

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE _____ ☐ Change ☐ Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____ ☐ Change ☐ Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____ ☐ Change ☐ Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____ ☐ Change ☐ Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____ ☐ Change ☐ Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____ ☐ Change ☐ Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Stokes McCovey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/04
Date

305-796-1574
Daytime Phone #